The Dementia Series
- Mental Health

Our psychological and emotional status and our cognitive performance are intimately intertwined

Our psychological and emotional status and our cognitive performance are intimately intertwined; however, the superficial perspective from which most of our performance is viewed, tends to blur the lines and confuse the issue. What is cognitive performance and what is psychological and emotional performance remains the core area we need to focus on and, without understanding visual perceptual performance, the chances are that the confusion will remain.

It wasn't until I began working in the field of visual perceptual performance that I realised just how much our psychological and emotional states impact on our cognitive performance. I'd always known there was a significant relationship between the two, but I hadn't realised how profound this relationship actually was. These days, the first

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question I have to answer is always, "How much of this is visual perceptual performance and how much is psychological and emotional status?"

Fundamentally, the bottom line is always how much sensory information we can process and integrate in the moment. Any information that we cannot deal with, remains in our system as undifferentiated noise and sends us into sensory overload and, as soon as this happens, our performance declines. What is not often realised in this dynamic is our psychological and emotional state is a sensory experience and requires us to deal with quite a substantial amount of sensory information. Consequently, our psychological and emotional responses are only ever likely to compound any issues already present, as a result of a cognitive deficit.

Depression

Depression is quite a common condition, probably more common than we realise. Any loss or change in life circumstances can lead to depression, and the reality is that growing older is full of such loss and change and it most certainly will compound any pre-existing cognitive issues.

Cognitive issues often lead to a loss of confidence. Problem solving and decision making skills are diminished and outcomes are no longer effective or assured. Anxiety can result when a person's competency is no longer what it was, and the person does not even have to consciously recognise or acknowledge their diminishing performance, for this to happen. Of all the emotions we can experience, anxiety tends to have the greatest impact on cognitive performance, because it contains a great deal of sensory loading. The cycle that typically plays out is as follows:

- A decline in cognitive performance always results in some degree of sensory overload, simply because we are no longer able to process and integrate the amount of sensory information contained within our everyday experience. This is primarily the result of changes in the structure of the brain, causing a situation very similar to the overloading of an electrical circuit.
- This decline in cognitive performance also leads to anxiety about making mistakes and/or forgetting to do things. We begin to feel overwhelmed by things we used to do without a moment's consideration or thought, because of recent experiences of diminished performance and not attaining the outcomes we seek or expect. Anxiety also tends to result from not being able to deal with situations we perceive to be simple or easy.
- Anxiety floods our system with a significant amount of sensory information. Anxiety can cause sensory overload on its own, and most of us have some experience with feeling overwhelmed by circumstances or events. When there is a pre-existing cognitive deficit, anxiety will only ever add to this sensory overload, sending the person into a self-perpetuating spiral of sensory overload and anxiety.

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In order to gain some sense of control, people can do a variety of things such as:

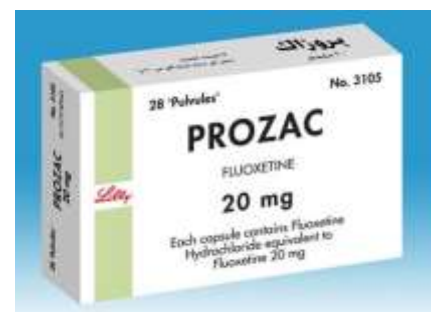
- Attempting to control situations.
- Emotional outbursts
- Withdrawing

We may see extremes of behaviour where they will avoid certain tasks or will go to the extreme with them. I saw this with my father and a tree that needed to be trimmed back. He tried the, “Just leave the damn thing alone,” and when it was pointed out that it was only going to get worse the response became, “I’ll just cut the damn thing down.” Just dealing with the volume of information contained in pruning a tree, especially when it was moving in the wind, sent him into sensory overload. I should also point out that he was a classic case of someone who was already exhibiting all the signs of depression at the time, as well.

I do find that we are often inclined to underestimate the volumes of sensory information contained within different situations. Family gatherings are a great example, where there is a lot going on and it can send older family members into sensory overload. New and unfamiliar situations are highly likely to cause sensory overload as are any situations where there is a lot going on. I was recently talking to someone whose father was exhibiting signs of sensory overload at a funeral. It was an unfamiliar situation, the ground was uneven, people were moving about and it all combined to create an overwhelming sensory experience. When anyone is exhibiting controlling tendencies, brusque or irritable behaviour, becomes unsteady on their feet, wants to leave in the middle of something, then we need to immediately consider that they are in sensory overload. I have even seen elderly people starving to death in noisy dining rooms because they are in overload.

I think the important thing for us all to consider that none of this is about our experience, or even our capacity to understand what the person is going through. It is about developing the capacity to understand what other people are telling us by way of their behaviour. It is just so easy to default to the stereotype of ‘grumpy old people,’ when we know that so many older people, and especially men, do not demonstrate the necessary insight or will, to tell us about what is going on for them. It just becomes so easy to write these behaviours off as ‘attitude’ rather than understanding what they ar telling us about the person’s performance, and this is why cognitive performance and psychological and emotional status are often confused and misunderstood.

So, what do we do about this?



The first thing that should always happen, with anyone who has a cognitive deficit, is to get them put on an anti-depressant. Anxiety is frequently a symptom of depression but so is withdrawal and social isolation. We are not going to know whether we are seeing the signs of depression, or a visual perceptual deficit (underpinning the cognitive deficit), unless we make sure the person is not depressed. And, we must make sure that

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they are on an effective dose of the anti-depressant. Too often I have seen depression half treated, because doctors do not know how to evaluate a person's mood level. In reality, a person is more likely to accept a lesser mood level than they are to look for a more elevated mood. Personally, I tend to rely on my sense of a person's mood level, along with knowing what questions to ask. It is important that any depression, and accompanying anxiety, is effectively treated, or the person will still spiral downwards and, if this happens, depression always becomes far harder to treat in the long run. Unfortunately, not treating depression fully, completely and appropriately always carries a huge risk of medicating the person into an untreatable depression, or even a psychosis.

Our first step must always be an anti-depressant

When an anti-depressant is prescribed, we should be noticing an improvement within 2 weeks and we should know within a month, if their dosage is at the right level or they need a little more. Along with this we will be attaining a greater clarity around the person's cognitive status. As their mood levels pick up and their stress levels decrease, we should be seeing a greater level of engagement in the world, which is the best possible thing that could happen. Ultimately, that old adage "If you don't use it, you'll lose it" is so true here. Greater engagement in life means increased usage of our cognitive skills.

Now, I am not saying that anti-depressants are a treatment for cognitive deficits, nor am I saying that their use will stop any decline in cognitive performance; but I am saying that it will clarify the person's actual level of cognitive performance and it will slow down their decline, in most circumstances. If we are dealing with a visual perceptual deficit, without ongoing stroke activity, then we may find that the anti-depressant allows them to maintain a level of cognitive performance, without any decline. But, if we are still seeing episodes of vagueness and decreased performance, followed by the person not quite recovering their prior level of function, this is absolutely indicative of ongoing ischaemic changes in the brain or infarcts (strokes), then this person needs to see a physician immediately because these are signs of ongoing stroke.

Psychosis

The other thing I want to briefly talk about is psychosis. Over the years, I have seen a number of people who have descended into psychosis, because they did not receive an appropriate diagnosis or treatment.

In most situations, a descent into psychosis is typically marked by

A.) Stroke plus
B.) Depression, and
C.) Confusing dreams with reality

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The stroke is usually quite significant and typically will result in the person needing 24 hour care and assistance because of a loss of function. It is not uncommon for this change in living circumstances to be poorly tolerated and disliked. We may start to see some signs that they are not wanting to deal with the reality of their situation eg: saying they can live alone and want to go home; talking about their current living arrangement as though it is temporary, when they have been clearly told it is permanent. At this point in time it is usually very apparent that they are not dealing with reality and their perspective on life and their circumstances is skewed. They may also be exhibiting clear signs of depression – sadness, negativity, crying, anxiety, just not coping with their situation.

What tends to happen next is that we start to hear stories of things that could not possibly have happened or, we sincerely doubt are true. The first time I came across this, it became apparent that the person was confusing their dreams with reality. Any sign of this must be dealt with urgently, because it is a clear sign that the lines between reality and delusion are becoming blurred. Unfortunately, if this is not treated immediately, it is highly likely that the person will descend into psychosis. Compounding this is the belief that psychosis and dementia is the same thing, because they are not. Once a person has become established in a delusional mind-set, this is highly likely to only continue to progress, despite the use of anti-psychotic medication. It is far more useful and effective to treat the depression early on in the piece and ease the person's psychological and emotional burden, than have to deal with psychosis down the track.

Summary

Fundamentally, our understanding of dementia is really quite limited in most circumstances. Our reliance on assessments carried out with a lack of understanding of the functionality which underpins our performance, is incredibly limiting. People are not getting access to treatments that do help and can even resolve many 'dementias.' The use of the word 'dementia' in such a general way as it typically is used, tells us a lot about the understanding of the clinicians we are interacting with and the level of care that they are going to provide to us. Ultimately, my purpose in writing these articles is to provide information to those who have to deal with such conditions on a daily basis, and to make sure that information is practical and useful. Change is only ever going to come about, when we demand it.

This article completes the 4 article Dementia Series. If you would like to read other articles on a variety of topics, you can visit the ***VisualPerceptual*** library at www.visualperceptual.com/articles - library.html

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With that I would like to welcome you to my world, the world of visual perceptual performance.

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